PTO/SB/06 (07-06)

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U.S. Patent and Tradent Africa (U.S. Patent and Tradent Office; U.S. Debate and Tradent Office; U.S. Debate

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/567,945			ling Date 10/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	_	N/A	LD NO.	N/A		N/A	TEE (w)	1	N/A	TEE (0)
┢	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))	N/A		N/A		N/A		1	N/A	-
H	(37 CFR 1.16(k), (f), (FE	N/A	-	N/A		N/A N/A		ł	N/A	
	(37 CFR 1.16(a), (p), (TAL CLAIMS	or (q))	minus 20 =				X \$ = 1		OR	X S =	
IND	CFR 1.16(i)) EPENDENT CLAIM	is	minus 3 = *			H	x s =		·	x s =	
(37	CFR 1.16(h))	If the		gs exceed 100	ł	^.		ł	~ -		
	APPLICATION SIZE (37 CFR 1.18(s))	FEE sheet is \$25 additi	ts of pape 50 (\$125 ional 50 s	n size fee due							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If	the difference in colu	umn 1 is less than	r "0" in column 2.	-	TOTAL]	TOTAL			
	APPI	LICATION AS	OED - PART II		OTHER THAN SMALL ENTITY OR SMALL ENTITY						
Н		CLAIMS					OWAL	SWALL ENTITY		JIVIZ	ALL ENTITE
AMENDMENT	04/09/2009	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 14	Minus	 20	= 0	l	x \$ =		OR	X \$52=	0
١	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	1	x \$ =		OR	X \$220=	0
ME	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ᇳ	Total (37 CFR 1,16(i))	•	Minus	**	=	1	x \$ = 1		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))	*	Minus	***		1	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))					1]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1		·	OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, water "or in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 8.0 enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". WANDA D. MITCHELLU The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.16. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CERT information Cificar. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.